SUMMARY NOTE

Parallel Session: Priorities for Action: Perspectives from West Africa

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Several countries in West Africa have nutrition programs located in either a Ministry of Health or Agriculture. Even though countries have been implementing nutrition programs based on both identified priorities in the countries and international recommendations, only small gains in nutrition security have been made in the region.

Three important factors work together to ensure nutrition security namely adequate food intake, adequate healthy practices and adequate caring practices. All these are essential for good nutrition and can often influence each other. However, several issues can affect the implementation of programs to achieve nutrition security and these have been highlighted under the following categories: technical, political, and institutional issues.

Technical

• A major constraint is the limited number of nutrition professionals in the sub-region. Furthermore, there has been no conscious effort to improve the capacity of other extension workers both within the formal and informal sectors to undertake nutrition activities.

• Nutrition outcomes have not been adequately defined as an essential input in social and economic development and an invaluable crosscutting investment and therefore making it attractive to policymakers and developmental partners. Therefore, there is lack of appreciation and understanding among various policymakers.

• The complex nature of nutrition together with the causative factors makes nutrition interventions difficult to implement.

Political Factors

• Rational ordering of government into sectors in order for government to fulfill its duties and the fact that nutrition fits poorly within this organization does not favor partnership necessary for implementation of nutrition programs. These rational barriers to partnership can easily set the agriculture and nutrition communities up as rivals within government and in the field especially with limited resources, which can lead to conflicts over allocation of these resources.

• Policies at national and institutional levels usually do not take nutrition into consideration. The planning process and the mechanisms put in place to see that there is follow up on plans can lead to locally inappropriate activities. District level activities are often selected and prioritized based on the need to meet the specific monitoring indicator targets, rather than through a locally adapted assessment of needs. In any case, nutrition remains an awkward fit into the priority categories and nutritional variables are not found among the monitoring indicators.

• Since the general level of understanding of the causes and the impact of malnutrition is much lower than it should be, both sectoral and national policymakers are quick to deny resource allocation to nutrition. Governments have to assume responsibility for providing nutritionally adequate food for all its citizens and therefore pave the way for nutritionists and agriculturist to work together. Limited knowledge and understanding at local level also means that nutrition issues are unlikely to get into local-level planning process and household decisionmaking. This is particularly important in view of the decentralization policies being implemented in some countries.

• Funding for nutrition is problematic in any location in government as nutrition is not a core competency of any sector. Sector-wide investment plans do not serve nutrition well as no sector gives priority to nutrition. There is little scope for collaborative activities across sectors within government as funding mechanisms in place throughout government, both at central and local levels follows sectoral lines. Even if one would want to put together a collaborative nutrition project involving two sectors, separate funding streams would have to be established to each sector to fund their participation.
• In electoral terms, politicians find it difficult to justify a nutrition project against a health facility or school. The local politician can point to the health facility when seeking votes at elections whereas one cannot do that too easily with a nutrition program that may actually be a more significant poverty reduction activity.

Institutional
The factors for ensuring nutrition security imply that strong partnerships should exist between the relevant sectors.
• Partnership between nutrition and agriculture. Agricultural planners need to be aware of the severity and extent of nutritional deficiencies, and should work closely with other sectors to coordinate responses for increasing, as needed, the production and consumption of foods rich in the deficient nutrients.
• Partnership between nutritionists and other sectors such as education, water sectors.
• Stronger collaboration among other professionals within sectors such as doctors, nurses, health educators, pharmacists, etc. is equally important.
• Partnership between nutritionist and researchers to identify pertinent research areas not only for improving knowledge but also for action. This partnership should encourage dissemination of research findings including presentation of research findings in a user-friendly manner. Research proposals should also include elements of implementation.
• Public/private sector cooperation to improve nutrition such as food fortification.

Priorities for Action
• Building strong political support through advocacy among policymakers at all levels and relating nutrition to development.
• Building of effective collaboration within and among sectors.
• Identification of strong visionary leaders and advocates at national and sub-national levels.
• Setting up of pro-active agenda in nutrition including marketing of nutrition.

Opportunities Available to Improve Nutrition in the Subregion
National level
Advocacy tool exists relating nutrition to social and economic development and use of multi media approaches and information technology:
• Decentralization gives an opportunity to integrate nutrition into local program;
• Integration of nutrition issues into other existing programs within and outside sectors to address human capacity issues, for example, integrating anemia issues into safe motherhood, addressing routine Vitamin A supplementation in immunization programs, and addressing infant feeding practices as well as the management of nutritional disorders in IMCI programs, etc.; and
• Identification and training of informal structures such as traditional birth attendants.

Subregional level
• Millennium Development Goal gives not only the political support but also the framework and opportunity to integrate nutrition activities;
• Poverty Reduction Strategy Papers in various countries also gives opportunity for integrating nutrition into other programs and sectors;
• ECOWAS regional structure is in place with West Africa Health Organisation (WAHO) housing the West Africa Nutrition Focal Points and gives opportunity for addressing nutrition issues across countries, e.g. salt iodization, fortification of foods; and
• Africa Nutrition Capacity-Building Initiative, which identifies institutions and areas for training in the region.

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